Subpart I—Limit on Inpatient Hospital Charges, Physician Charges, and FEHB Benefit Payments

890.901 Purpose.

890.902 Definition.

890.903 Covered services.

890.904 Determination of FEHB benefit payment.

890.905 Limits on inpatient hospital and physician charges.

890.906 Retired enrolled individuals coinsurance payments.

890.907 Effective dates

890.908 Notification of HHS

890.909 End-of-year settlements.

890.910 Provider information.

Subpart J—Debarments, Civil Monetary Penalties and Assessments Imposed Against Providers

890.1001 [Reserved]

890.1002 Definitions

890.1003 Standards for OPM determinations of excessive charges, overprescribing, and services or supplies of a poor quality in connection with claims presented under this chapter.

890.1004 Standards for determining either the period of debarment or the amount of civil monetary penalties or assessments.

890.1005 Effective dates and notices.

890.1006 Payment of claims for service or supplies furnished by debarred providers. 890.1007—890.1009 [Reserved]

Subpart K—Temporary Continuation of Coverage

890.1101 Purpose.

890.1102 Definitions.

890.1103 Eligibility

890.1104 Notification by agency.

890.1105 Elections.

890.1106 Coverage.

890.1107 Length of temporary continuation of coverage.

890.1108 Effective date of coverage.

890.1109 Premium payments.

890.1110 Termination of enrollment or coverage.

890.1111 Employing office responsibilities. 890.1112 Denial of continuation of coverage

890.1112 Denial of continuation of coverage due to involuntary separation for gross misconduct.

890.1113 The administrative charge.

Subpart L—Benefits for United States Hostages in Iraq and Kuwait and United States Hostages Captured in Lebanon

890.1201 Purpose.

890.1202 Definitions.

890.1203 Coverage.

890.1204 Effective date of coverage.

890.1205 Change in type of enrollment.

890.1206 Cancellation of coverage.

890.1207 Termination of coverage.

890.1208 Premiums

890.1209 Responsibilities of the U.S. Department of State.

890.1210 Reconsideration and appeal rights.

AUTHORITY: 5 U.S.C. 8913; §890.102(f) also issued under sec. 153 of Pub. L. 104-134, 110 Stat. 1321; §890.803 also issued under 50 U.S.C. 403p, 22 U.S.C. 4069c and 4069c-1; subpart L also issued under sec. 599C of Pub. L. 101-513, 104 Stat. 2064, as amended.

SOURCE: 33 FR 12510, Sept. 4, 1968, unless otherwise noted.

Subpart A—Administration and General Provisions

§ 890.101 Definitions; time computations.

(a) In this part, the terms annuitant, carrier, employee, employee organization, former spouse, health benefits plan, member of family, and service, have the meanings set forth in section 8901 of title 5, United States Code, and supplement the following definitions:

Basic employee death benefit has the meaning set out at §843.102. Survivors receiving this benefit are deemed to be "annuitants" for purposes of this chapter.

Cancellation means the act of filing a health benefits registration form terminating enrollment in a health benefits plan and electing not to be enrolled for the future by an enrollee who is eligible to continue enrollment.

Change of enrollment means the registration of an enrollee to be enrolled for a different plan or option, or for a different type of coverage (self alone or self and family), from that for which then enrolled.

Claim means a request for (i) payment of a health-related bill; or (ii) provision of a health-related service or supply.

Compensation means compensation under subchapter I of chapter 81 of title 5, United States Code, which is payable because of a job-related injury or disease.

Compensationer means an employee or former employee who is entitled to compensation and whom the Department of Labor determines is unable to return to duty. A compensationer is also an annuitant for purposes of chapter 89 of title 5, United States Code.

Covered individual means an enrollee or a covered family member.

Covered family member means a member of the family of an enrollee with a self and family enrollment who meets the requirements of §§ 890.302, 890.804, or 890.1106(a), as appropriate to the type of enrollee.

Eligible means eligible under the law and this part to be enrolled.

Employing office means the office of an agency to which jurisdiction and responsibility for health benefits actions for an employee, an annuitant, a former spouse eligible for continued coverage under subpart H of this part, or an individual eligible for temporary continuation of coverage under subpart K of this part, have been delegated.

- (1) For an enrolled annuitant (including survivor annuitant, former spouse annuitant, and surviving spouses receiving a basic employee death benefit under 5 U.S.C. 8442(b)(1)(A)) who is not also an eligible employee, *employing office* is the office which has the authority to approve payment of annuity, basic employee death benefit, or workers' compensation for the annuitant concerned.
- (2) For a former spouse of an annuitant whose marriage dissolved after the employee's retirement and who has entitlement to receive future annuity payments under sections 8341(h), 8345(j), 8445, or 8467 of title 5, United States Code, *employing office* is the office that has the authority to approve payment of annuity for the annuitant or former spouse concerned.
- (3) For a former spouse of a current employee, and a former spouse of an annuitant or separated employee having title to a deferred annuity or to an immediate annuity under 5 U.S.C. 8412(g), whose marriage dissolved during the employee's Federal service, *employing office* is the agency that employed the employee or annuitant at the time the marriage was dissolved.
- (4) For a surviving spouse in receipt of a basic employee death benefit under 5 U.S.C. 8442(b)(1)(A) who is not also an eligible employee, the *employing office* is the retirement system which has authority to approve the basic employee death benefit.
- (5) For a former spouse of an employee or former employee of the

Central Intelligence Agency (CIA) whose marriage was dissolved before May 7, 1985, and who meets the requirements under §890.803(a)(3)(iv), the *employing office* is the CIA.

- (6) For a former spouse of an employee or former employee of the Foreign Service whose marriage was dissolved before May 7, 1985, and who meets the requirements under \$890.803(a)(3)(v) of this part, the *employing office* is the Department of State.
 - (7) [Reserved]
- (8) For a former spouse of an employee who separated from service after qualifying for an immediate annuity under 5 U.S.C. 8412(g), whose marriage dissolves after the employee separated from service but before the date the separated employee's annuity commences, and who is entitled to continued coverage under subpart H of this part, *employing office* is the office that has the authority to approve payment of annuity for the annuitant or former spouse concerned.

Enrollee means the individual in whose name the enrollment is carried. The term includes employees, annuitants, former employees, former spouses, or children who are enrolled after completing a valid registration form under the provisions of §§ 890.301, 890.601(c), 890.803, or 890.1103 or have continued an enrollment as an annuitant or survivor annuitant under 5 U.S.C. 8905(b) or § 890.303(c).

Foster child means a child who:

(1) Lives with an employee, former employee, or annuitant or with a child enrolled under §890.1103(a)(2) in a regular parent-child relationship and

(2) Is expected to be raised to adulthood by the enrollee.

Immediate annuity means an annuity which begins to accrue not later than 1 month after the date enrollment under a health benefits plan would cease for an employee or member of family if he were not entitled to continue enrollment as an annuitant. Notwithstanding the foregoing, an annuity which commences on the birth of the posthumous child of an employee or annuitant is an immediate annuity. For an individual who separates from service upon meeting the requirements for an annuity under §842.204(a)(1) of this chapter, immediate annuity includes an annuity for

which the commencing date is postponed under §842.204(c).

Letter of credit is defined in 48 CFR 1602.170-9.

Option means a level of benefits. It does not include distinctions as to whether the members of the family are covered.

OWCP means the Office of Workers' Compensation Programs, U.S. Department of Labor, which administers subchapter I of chapter 81 of title 5, United States Code.

Pay period means the biweekly pay period established pursuant to section 5504 of title 5, United States Code, for the employees to whom that section applies and the regular pay period for employees not covered by that section. Pay period, as it relates to a former spouse or annuitant who is not actively receiving an annuity, including surviving spouses receiving a basic employee death benefit, and enrollees temporarily continuing coverage under subpart K of this part, means any regular pay period for employees of the agency to which jurisdiction and responsibility for health benefits actions for the enrollee have been delegated as provided under the definition of "employing office" in this section. Pay period for annuitants in active receipt of annuity means the period for which a single installment of annuity is customarily paid.

Reconsideration means the final level of administrative review of an employing office's initial decision to determine if the employing office correctly applied the law and regulations.

Register means to file with the employing office a properly completed health benefits registration form, either electing to be enrolled in a health benefits plan or electing not to be enrolled. Retirement systems may accept alternative methods, such as telephone requests, in substitution of a properly completed health benefits registration form. Alternative methods must transmit to the health benefits plans the information they require before accepting an enrollment. In addition, for enrollments and cancellations to be valid, the signature of the requesting individual must be on the request, or on a form from the retirement system to the requesting individual giving notice of the enrollment or cancellation. For changes of enrollment, the signature of the requesting individual is not required but the retirement system must promptly give to the requesting individual written notice of the change of enrollment. Register to enroll means to register an election to be enrolled. Enrolled means a valid registration form has been accepted by the employing office, or an alternative method has been accepted by the retirement system, and the enrollment in a health benefits plan approved by OPM under this part has not been terminated or cancelled.

Regular tour of duty means a work schedule, prescribed in advance to continue indefinitely or for at least 6 months, of a certain number of hours or other time units in a day, week, biweekly pay period, month, or year.

Underdeduction means a failure to withhold the required amount of health benefits contributions from an individual's pay, annuity, or compensation. This definition includes both nondeductions (when none of the required amounts was withheld) and partial deductions (when only part of the required amount was withheld). Though FEHB contributions are required to cover a period of nonpay status, the nonpayment of contributions during such period does not result in an underdeduction.

(b) Whenever, in this part, a period of time is stated as a number of days or a number of days from an event, the period is computed in calendar days, excluding the day of the event. Whenever, in this part, a period of time is defined by beginning and ending dates, the period includes the beginning and ending dates.

[33 FR 12510, Sept. 4, 1968]

EDITORIAL NOTE: For FEDERAL REGISTER citations affecting §890.101, see the List of Sections Affected in the Finding Aids section of this volume.

§890.102 Coverage.

(a) Each employee, other than those excluded by paragraph (c) of this section, is eligible to be enrolled in a health benefits plan at the time and under the conditions prescribed in this part.